

16

(PIN) APN: 1319-30-519-001

RECORDING REQUESTED BY

Melissa Loran

AND WHEN RECORDED MAIL TO:

Colleen K. Larson
10240 N. 66th Dr
Glendale AZ 85302

DOC # 0696379
03/05/2007 02:34 PM Deputy: SD

OFFICIAL RECORD

Requested By:
MELISSA LORAN

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0307 PG- 1319 RPTT: 0.00



**AFFIDAVIT OF DEATH
(COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP)**

STATE OF Nevada)
COUNTY OF Douglas) SS.

Melissa Loran of legal age, being first duly sworn, deposes and says:
George W. Benedict, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as George W. Benedict, named as one of the parties in that certain grant deed dated 8/12/87, executed by Saida of Nevada, a Nevada Corporation to George W. Benedict and Bennie J. Benedict, husband and wife as joint tenants as community property with right of survivorship, recorded on 8/25/87 as Instrument No. 160826, Official Records of Douglas County,

~~California~~, describing the following real property:
NEVADA

See Exhibit "A" Attached

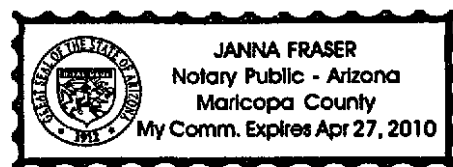
Dated: 2/28/07

Melissa Loran
Melissa Loran

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said State, this 28th day of February, 2007

Signature [Signature]

(This area for Notary Stamp)



APN: 1319-30-519-001

EXHIBIT "A"

(50)

A timeshare estate comprised of:

Parcel 1: An undivided 1/51st interest in and to that certain condominium described as follows:

(A) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

(B) Unit No. 001 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.

Parcel 3: the exclusive right to use said condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above during one "use week" within the "Summer use season" as said quoted terms are defined in the Declaration of Covenants, Conditions and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".

A Portion of APN: 1319-30-519-001



CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

ORIGINAL STATE COPY

**STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH**

DEATH NO.
D-1022006 - 029246

1. NAME OF DECEASED A. FIRST: GEORGE B. MIDDLE: WARREN C. LAST: BENEDICT			2. SEX: MALE	3. DATE OF DEATH MONTH: AUGUST DAY: 2 YEAR: 2006		
4A. RACE (e.g., white, black, American Indian, (specify tribe) etc.): WHITE		4B. WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO) NO		4C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		5. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) YES
6A. PLACE OF DEATH 8A. COUNTY: MARICOPA		6B. TOWN OR CITY: GOODYEAR		6C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): PALM VALLEY HOSPICE UNIT		6D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER. <input checked="" type="checkbox"/> IN PATIENT
7. DATE OF BIRTH MONTH: JULY DAY: 6 YEAR: 1926		8A. AGE (YEARS LAST BIRTHDAY): 80	8B. IF UNDER 1 YEAR MOS. DAYS	8C. IF UNDER 1 DAY HRS. MIN.	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED	
9. STATE AND CITY OF BIRTH (If not in USA, name country): OSHKOSH, WISCONSIN		10. CITIZEN OF WHAT COUNTRY? SPECIFY: U.S.A.		11. SOCIAL SECURITY NO.: 5134		12. ENGINEER
13. USUAL RESIDENCE 15A. STATE: ARIZONA 15B. COUNTY: MARICOPA 15C. TOWN OR CITY: GOODYEAR 15D. ZIP CODE: 85338		16. HOW LONG IN ARIZONA?: 58 yrs		17. KIND OF BUSINESS OR INDUSTRY: SCHOOL		
18. STREET ADDRESS OF R.F.D.: RD. 919 N PERRYVILLE		19. INSIDE CITY LIMITS? (SPECIFY Yes or No): YES		20. <input type="checkbox"/> NO RESERVATIONS (SPECIFY Yes or No): NO		21. PREVIOUS STATE OF RESIDENCE: WISCONSIN
22. FATHERS NAME A. FIRST: GEORGE B. MIDDLE: ORE C. LAST: BENEDICT		23. MOTHERS MAIDEN NAME A. FIRST: ISABEL B. MIDDLE: WAGNER C. LAST: WAGNER		24. INFORMANT'S SIGNATURE: <i>Geneva Benedict</i> 25. RELATIONSHIP TO DECEASED: 2 SPOUSE 26. ADDRESS: 12919 N PERRYVILLE RD. GOODYEAR AZ. 27. CITY AND STATE: 85338 28. ZIP CODE: 85338		
29. BURIAL, CREMATION, REMOVAL, OTHER (Specify): CREMATION		30. DATE: 8/8/06		31. CEMETERY OR CREMATORY - NAME/LOCATION: DECA CREMATORY PHOENIX, AZ.		32. EMBALMERS SIGNATURE: <i>Steve Bentley</i> 33. NOT EMBALMED
34. FUNERAL HOME NAME: BUCKEYE FUNERAL HOME		35. STREET ADDRESS: 104 E BASELINE RD BUCKEYE		36. CITY AND STATE: 85326		37. FUNERAL DIRECTOR OR PREPARING AGENT SIGNATURE: <i>Steve Bentley</i> 38. CERT. NO.: 296746
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 40. SIGNATURE AND TITLE: <i>Michael Keller</i> 41. DATE SIGNED (Mo., Day, Year): 8-7-06		42. HOUR OF DEATH: 1330		43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. 44. SIGNATURE AND TITLE: <i>Patricia Adams</i> 45. DATE SIGNED (Mo., Day, Year): 03/05/2007		46. HOUR OF DEATH: 38 AT
47. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER, TRIBAL LAW ENFORCEMENT AUTHORITY, TYPE OF PRAT: Michael Keller MD 1355 W McDowell Rd Goodyear, AZ 85338		48. AUTHORIZED FOR CREMATION (SPECIFY Yes or No): Yes		49. MEDICAL EXAMINER'S SIGNATURE: <i>Patricia Adams MD</i>		
50. DATE REGISTERED: AUG 21 2006		51. REG. FILE NO.: 16861		52. REGISTRARS SIGNATURE: <i>Patricia Adams</i>		53. REG. DISTRICT: 708
54. 47A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE): Acute Cardio pulmonary heart		55. 47B. DUE TO OR AS A CONSEQUENCE OF: Alcohol consumption		56. 47C. DUE TO OR AS A CONSEQUENCE OF: HTN		
57. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		58. AUTOPSY (Specify Yes or No): NO		59. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): YES		
60. MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		61. DATE OF INJURY MO: 03 DAY: 05 YR: 2007 HOUR: 1330		62. INJURY AT WORK? (Specify Yes or No): NO 63. DESCRIBE HOW INJURY OCCURRED: WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE		
64. SUPPLEMENTARY ENTRIES						



BK- 0307
PG- 1321

Aug 23, 2006

Patricia Adams
**PATRICIA ADAMS
ASSISTANT STATE REGISTRAR**

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOID THIS DOCUMENT

02924603

